

(OWNERS LIABILITY)

Box 1466, Mesa, AZ 85211-1466

Contractor Name: _____

The Undersigned certifies that the following insurance policies have been issued on behalf of:

Name of Insured CITY OF MESA

Address of Insured: P.O. BOX 1466, MESA, AZ 85211-1466

Type of Insurance	Carrier	Policy No.	Policy Period	Liability Limits	
				MINIMUM COVERAGE	ACTUAL
* OWNER'S LIABILITY				\$2,000,000 each occurrence	_____

- **Owner's Liability Policy:** Prior to the execution of the Contract the Contractor shall provide a separate policy of insurance, at its sole cost and expense, naming the City of Mesa, a Municipal Corporation and all its agents, representatives, officers, directors, officials and employees as the insured. The Policy shall be primary and not contributory to any insurance maintained by the City of Mesa and shall remain in effect through date of final acceptance.

If a policy does expire during the life of the project, a renewal certificate of the required coverage will be sent to the City of Mesa not less than five (5) days prior to the expiration date. If a policy is to be cancelled, changed or not renewed, a proper notice of such action will be sent to the City not less than thirty (30) days prior to any such action by the insurance company.

Notice shall be sent to: Development Svs. Manager or FAX to 480- 644-2416
City of Mesa Attention: Development Services Manager
P.O. Box 1466
Mesa, AZ 85211-1466

This certificate is not valid unless signed by an authorized representative of the Insurance Company.

Date _____

Insurance Company Name

Authorized Representative